

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

|                                       |                                                   |
|---------------------------------------|---------------------------------------------------|
| Date of Submission .....              | 18/04/2023 15:44 (SGT)                            |
| Reported by .....                     | Both Policyholder and Actual Driver               |
| Date of Accident .....                | 04/04/2023 08:30 (SGT)                            |
| Exact Location of Accident .....      | Singapore                                         |
| Additional Location Information ..... | Carpark A11 in front of Blk 224 Ang Mo Kio Ave 1. |
| Country/State of Loss .....           | Singapore                                         |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SCQ8138J |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                        |
|--------------------------------|------------------------|
| Is company? .....              | No                     |
| Name Of Registered Owner ..... | Tan Yeow Tiong         |
| NRIC No .....                  | S7209688F              |
| Email Address .....            | yeowtiongtan@gmail.com |
| Mobile Phone No .....          | (Phone) +65-96864936   |
| Alternative Phone No .....     | -                      |

#### VEHICLE PARTICULARS

|                                                                                    |                     |
|------------------------------------------------------------------------------------|---------------------|
| Manufacturer .....                                                                 | Toyota              |
| Model .....                                                                        | Wish                |
| Variant .....                                                                      | -                   |
| Exact purpose for which vehicle was being used at time of accident .....           | -                   |
| Are you claiming under your own insurance policy for repair to your vehicle? ..... | No - Reporting only |
| Vehicle Category .....                                                             | Private car         |
| Transmission .....                                                                 | Auto                |
| CC .....                                                                           | 1798                |

#### INSURANCE COMPANY

|                                         |                                      |
|-----------------------------------------|--------------------------------------|
| Name of Insurance Company .....         | AIG Asia Pacific Insurance Pte. Ltd. |
| Policy Number / Cover Note Number ..... | 2100430156-07                        |

#### DRIVER

|                      |            |
|----------------------|------------|
| Name of Driver ..... | TAN CHEW   |
| NRIC No .....        | S0700808B  |
| Date Of Birth .....  | 20/07/1947 |
| Occupation .....     | Indoor     |

|                                                                    |                       |
|--------------------------------------------------------------------|-----------------------|
| Date Of Driving Pass .....                                         | 25/01/1968            |
| Driving experience .....                                           | 55 YEARS AND 3 MONTHS |
| Gender .....                                                       | Male                  |
| Mobile Number .....                                                | (Phone) +65-96864936  |
| Alt. Phone Number .....                                            | -                     |
| Email Address .....                                                | NOEMAIL@AIG.COM       |
| Address .....                                                      | 517 Yio Chu Kang Road |
| Address complement .....                                           | #03-70 SINGAPORE      |
| Postcode .....                                                     | -                     |
| Is the driver the policyholder? .....                              | No                    |
| If No, Relationship of the Driver with the Insured .....           | Parent                |
| Does Driver Own Other Vehicles? .....                              | No                    |
| Vehicle Registration Number of Other Vehicle Owned by Driver ..... | -                     |
| Insurance Company of Other Vehicle Owned by Driver .....           | -                     |

#### GENERAL INFORMATION OF THE ACCIDENT

|                          |                              |
|--------------------------|------------------------------|
| Type of Accident .....   | Collided into Parked Vehicle |
| Weather Conditions ..... | Clear                        |
| Road Surface .....       | Dry                          |

#### OTHER INFORMATION

|                                                                                                           |     |
|-----------------------------------------------------------------------------------------------------------|-----|
| Was any foreign vehicle involved in the accident? .....                                                   | No  |
| Number of vehicles involved in the accident .....                                                         | 2   |
| Was anybody injured in the Accident? .....                                                                | No  |
| Was any injured conveyed to hospital by ambulance? .....                                                  | -   |
| Was any other vehicle or property damaged? .....                                                          | No  |
| Number of Passengers (Including Driver) .....                                                             | 2   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | Yes |
| Translator's name .....                                                                                   | -   |
| Translator's ID .....                                                                                     | -   |
| Translator's phone number .....                                                                           | -   |
| Translator's email .....                                                                                  | -   |
| Original language used in the statement .....                                                             | -   |

#### PASSENGER 1

|              |                |
|--------------|----------------|
| Name .....   | TAN YEOW TIONG |
| Gender ..... | Male           |

#### DETAILS OF POLICE ACTION

|                                                 |                                  |
|-------------------------------------------------|----------------------------------|
| Was the accident reported to the police? .....  | Yes                              |
| Police Station Name .....                       | Traffic Police                   |
| Police Station Phone No .....                   | (Phone) +65-65470000             |
| Alt. Police Station Phone No .....              | (Fax) +65-65474900               |
| Police Station Address .....                    | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? ..... | No                               |
| If yes, against whom? .....                     | -                                |

#### CIRCUMSTANCES OF ACCIDENT

|             |                           |               |
|-------------|---------------------------|---------------|
| R2000010040 | Circumstances Of Accident | Not too sure. |
|-------------|---------------------------|---------------|

#### ATTACHMENT(S)

|                                                     |    |
|-----------------------------------------------------|----|
| Are accident photos available for attachment? ..... | No |
| Was there any video captured by Car Camera? .....   | No |



 **SINGAPORE  
POLICE FORCE**  
SAFEGUARDING EVERY DAY

Our Ref: TP/SP/10240/2023

TAN YEOW TIONG  
517 YIO CHU KANG ROAD  
#03-70  
Singapore 787084

Traffic Police  
10 Ubi Avenue 3  
Singapore 408865

IB Call Centre: 65470000

Date: 11/04/2023

Dear Sir

**CASE OF TRAFFIC ACCIDENT INVOLVING SCQ8138J ALONG ANG MO KIO AVENUE 1 ON  
04 Apr 2023 @ 8.30 AM**

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

2. If you have not lodged a Traffic Accident Report in respect of the said accident which is now required for police investigation, please do so as soon as possible via <http://www.motorspolice.gov.sg>.

3. Please note that the information given by you in the Traffic Accident Report will be carefully considered and if the information is sufficient for our investigation, you would not be required to attend an interview. If you have further information or evidence (such as CCTV footages) in relation to your case to assist in the investigation, please email the information to Investigation Officer (IO) Imman Bin Mohamed Said at [imman.mohamed\\_said@spf.gov.sg](mailto:imman.mohamed_said@spf.gov.sg). For submission of footages, you may do so via these avenues:

- Upload the video to a file sharing website (Dropbox, googledrive, wetransfer, etc) and inform IO on the link via email to retrieve it.
- Lodge another Traffic Accident Report using our e-services portal at <http://www.motorspolice.gov.sg> and upload the video (not exceeding 50Mb).
- Send the video footage via email (not exceeding 50Mb).

4. For insurance claim and related matters, a person's liability is to be determined by the respective insurers. Under the circumstances, we are unable to assist or advise you on such matter. For investigation related matters, you may contact IO Imman Bin Mohamed Said at telephone number: 6547 6245 or the supervisor Goh Geok Lye Pamela at telephone number: 65476425 during office hours if you have any further queries.

5. Thank you.

**A FORCE FOR THE NATION**